

Application Data Sheet

**Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?:: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: CONNECTING OSTOMY DEVICE  
Attorney Docket Number:: 0584-1041  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 6  
Small Entity?:: No  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: NICOLAS  
Middle Name::  
Family Name:: SHAN  
Name Suffix::  
City of Residence:: VINCENNES  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 27, RUE DES LAITIÈRES  
Address::  
City of Mailing Address:: VINCENNES  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-94300

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: ALEXANDRE  
Middle Name::  
Family Name:: MACQUIN  
Name Suffix::  
City of Residence:: GIF SUR YVETTE  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 6, RUE GUSTAVE VATONNE  
Address::  
City of Mailing Address:: GIF SUR YVETTE

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-91190

**Correspondence Information**

Correspondence Customer 00466

Number::

**Representative Information**

Representative Customer	00466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR2004/002360	9/17/04

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	0310982	9/18/03	Yes
FRANCE	0401491	2/13/04	Yes

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::